

**Highlights for 12/11/01**  
**California Children & Families Commission Meeting**

**Item 1 – Call to Order**

Chairman Reiner called the Commission Meeting to order at 8:45.

**Item 2 – Roll Call**

All Commission members were present except Theresa Garcia who was out-of-state.

**Item 3 – Approval of the Minutes**

Minutes were approved with a change on page 14 for a misspelling and Lou's recommendations on page 3 were misquoted and also need to be changed.

**Item 4 – Chairman's Report – Rob Reiner**

- Immediately following the Commission meeting today is a legislative hearing on the Master Plan for Education School Readiness component.
- This month Chairman Reiner spoke at the Attorneys General symposium regarding Safe from the Start.
- Extraordinary response for the Kit for New Parents: 20,000 orders for it were received in the first month on the 1-800-KIDS-025 help line and from County Commissions. The Commission has received distribution plans from 31 County Commissions.
- There are Statewide Initiatives underway in Kentucky and Pennsylvania that are very similar to our Kit for New Parents.
- Nicole Kasabian-Evans was recognized with a plaque for her great work on the Kit for New Parents and the Commission's new media campaign.

**Item 5 – Executive Director's Report – Jane Henderson**

- Evaluation RFP Bidders Conference was held December 7; over 30 different firms attended. There was an opportunity for the firms to meet and share information about themselves, which was encouraged so that firms can bid as a team. Bid submittal date has changed from January 2, 2002, to January 18, 2002.
- The Technical Assistance RFP is scheduled for release on January 9, 2002.
- Dr. Henderson will be in Atlanta this week to attend a symposium on "The State of State Assessments."
- The Commission is working with Gary Hart to plan an early childhood education symposium in late February or March.
- Governor Davis announced that he would restore \$18.7 million of the previous \$24 million cut he made this summer to the subsidized childcare program under CalWORKS. (The difference results from lower-than-expected costs.)
- Central Valley Collaborative is in process of developing a formal planning proposal, and it should be ready in January for Commission review.
- Commissioners Lacey and Hill-Scott and other State Commission staff attended the Master Plan for Education School Readiness working group meeting on December 6-7. The working group's draft report should be completed by January

25, 2002. The full Master Plan Report should be completed and submitted to members of the California Legislature by August 2002.

- Commissioner Gutierrez thanked the child care advocates for their work that succeeded in restoring money to CalWORKs. Commissioner Vismara asked about the status of appointing a permanent chief of the Research and Evaluation unit. Dr. Henderson responded that the Commission is conducting an extensive recruitment.

**Item 6 – California Children and Families Association Report – Mike Ruane**

- CCAFA's focus is on the state budget's financial shortfall and thinking outside the box.
- Mr. Ruane emphasized the need for getting information about Prop 10 to local legislative delegations to explain how Prop 10 investments are benefiting schools and other local programs.
- The School Readiness Initiative is a great opportunity for showing what Proposition 10 can do. It is important to show results soon.
- Rural Caucus will be meeting this afternoon to discuss minimum funding levels to County Commissions.
- CCAFA will meet on 12/13/01 to work on the Association's platform issues.

**Item 7 – CCFC Strategic Business Plan – Joe Munso**

- The Draft Strategic Plan now reflects the Commission's business partnerships. The financial section has been updated; a calendar has been added for upcoming events in Next Steps; and work plans have been updated. The Commission will update the work plans quarterly. The Strategic Business Plan will be published in January 2002.

**Item 8 – CCFC Website and Geographical Information System (GIS) – Anthony Souza**

- New additions to the CCFC website include a comprehensive site map, a link to the Governor's home page, and a link to the CCFC home page from anywhere in the site. Commissioners were walked through the website.
- The Commission's vision for and progress on the GIS was presented. This application should be ready in the next four weeks. Information will be broken down in many different ways: school districts, doctors, schools that are eligible for School Readiness Initiative funds, etc. State and County Commissions will be able to utilize the GIS to see where gaps exist and where efforts should be targeted. Child care and family resource centers will be added later.
- Suggestions were made by Commissioners for adding the 800 number on the website to refer interested parties to the Parenting Kit and for adding a date stamp to the GIS.

**Item 9 – California Health Interview Survey (CHIS) – Richard Brown, UCLA, Center for Health Policy Research**

- Dr. Rick Brown provided an overview on CHIS. The CHIS sample provides health data at the State and local levels. The data collection results report

includes data on approximately 55,000 families (80,000 people), and is broken down by Adult, Adolescents, Children 6-11, Children 0-5, and ethnicity. CHIS's non-English language interviews made it more inclusive. All reports will be available on the Internet. CHIS is exploring new or revised topics for CHIS 2003.

#### **Item 10 – Health Policy Panel**

- Assemblywoman Helen Thomson provided opening remarks for the Health Panel. As the Chair of the Assembly Health Committee, she stated that it is very frustrating to have the \$8 billion the Legislature thought they had to work with slip away. There is a \$4.5 billion deficit this year and a \$12.4 billion deficit projected in the budget year. Child health is extremely important. California has 1.8 million children without health coverage.
- Julie Hadnot, from Assemblywoman Wilma Chan's Select Committee on California Children's School Readiness and Health, explained that school readiness is Assemblywoman Chan's top priority. Ms. Hadnot reported that the Select Committee has held four legislative informational hearings around the State and reviewed the outcomes of those hearings:
  - Twenty percent of children suffer from a mental condition that requires medication (depression is the most common).
  - Forty percent of inner city children have been exposed to life threatening violence.
  - Expectant mothers should have an appointment with a pediatrician prior to giving birth.
  - Vision and hearing screenings are mandatory but dental screenings are not.
  - Mothers on Medi-Cal have to enroll their newborns in Medi-Cal because they are not automatically added at birth.

The Select Committee will be releasing its report of recommendations from the hearings in early January 2002.

- Dr. Henderson introduced the five panelists and asked the panel to answer these two questions: What are two top health issues that impede school readiness and what are the gaps in the system?
- Dr. Maria Minon, pediatrician, Chief Medical Officer for the Children's Hospital of Orange County, and chair of the Orange County Children and Families Commission, spoke on the importance of early/prenatal diagnosis and access to care for every child. She recommended that the Commission avoid redundancy and duplication, reduce fragmentation, and increase coordination and integration. She emphasized the need for quality, organizational competence, and sustainable business models. In addition, Dr. Minon identified key policy advocacy opportunities for the Commission: education for providers and parents, support provider training, promote reimbursement for preventive services, identify successful programs and encourage their replication, and serve as a bridge between educational and governmental agencies. Additional recommendations included activities to be avoided: short-term solutions, increased screening and

diagnosis if therapeutic services are not available, treating only the child and not listening to the parents.

- Dr. Robin Hansen, pediatrician, M.I.N.D. Institute at UC Davis, said that poor recognition/identification of psychosocial health issues in young children, and the availability and access to appropriate interventions and supports are impediments to school readiness. The gaps and missing pieces she identified are insufficient training of health professionals in the biopsychosocial model, insufficient training of child care providers and early intervention specialists, insufficient integration of the components of the biopsychosocial model, and insufficient support/reimbursement for assessments and service delivery. One of the changes needed is a paradigm shift to integrate the biopsychosocial model, address parent-child interactions, and training and reimbursement of primary care providers and specialists. The CCFC should focus resources on training health professionals and early intervention specialists; support collaborative models that are sensitive to families' needs, work with available and potential funding sources to develop sustainability, and have measurable outcomes.
- Dr. Laurence Platt, pediatrician, Executive Director of the Dental Health Foundation, focused his presentation on oral health for children. Good oral health and nutrition are two significant and related health issues contributing to a child's readiness to learn. Dental disease, which is an infectious disease, is the most common health problem in our children and it is very preventable. Over half of school-aged children have tooth decay. Nationally, children miss 52 million hours of school due to dental problems. Twenty to 25% of the population experiences about 75 to 80% of the tooth decay, and the group with the greatest need has the least access to dental care. For every child without health insurance, there are two to three times as many without dental insurance. California has twice the rate of tooth decay as the rest of the nation. This epidemic is almost entirely preventable, using inexpensive technology that exists today, such as fluoride and sealants. Prevention should start prenatally with the mothers' oral health. Every baby should have an oral exam starting by age one. A simple preventive regimen for child care providers is offering a snack with sugar or starch to children no more than once a day, maintaining one's own good oral health, and making sure all the children in their care are free from infection by assuring a dental exam for all. Alameda County has a model program. Dr. Platt's suggestions for CCFC included: Media development/public awareness campaign, needs assessment standards, training programs for professionals and community workers, explore the development of a regional oral health care system for infants and toddlers, and evaluation of best practices through support of pilot/model programs. Dr. Platt offered the following policy recommendations: support reimbursement for preventive oral health services; change CHDP policy for first dental exam from age 3 to age 1; require a dental exam and completion of treatment prior to Kindergarten entry; set child care standards regarding snacks, exams, etc.; and support community water fluoridation (less than one third of the communities in California have fluoridated water). Dr. Platt recommended that the Commission avoid getting involved in paying for treatment costs.

- Dr. George Rutherford, professor of preventive medicine, epidemiology and pediatrics at UC San Francisco, and former State Health Officer for California, addressed public health: physical health and well-being and prevention of diseases. Dr. Rutherford presented mortality statistics. More deaths occur in infants under age 1 than any other age until 50. Birth defects are leading cause of death in most babies. Of the 1 – 4 year olds, most die by accidents. Leading cause of death in 1900 was pneumonia. Almost 13% of total hospital discharges are for asthma in children age 1-4. He presented the following ways to think about public health needs: prevention of physical illness that will preclude school readiness, prevention of behavioral patterns that will lead to morbidity and mortality later in life, and keeping preventable diseases controlled. He defined the highest priority public health programs for children to age 5: asthma, immunization registries, and obesity prevention. Dr. Rutherford suggested that the Commission's investments would be most effective in the areas of asthma and immunization registries.
- Dr. Neil Halfon, pediatrician, professor at UCLA, and Director of the UCLA Center for Healthier Children, Families and Communities, addressed the issue of policy development and advocacy. He indicated that linking children to other services is vital and expressed the need to connect pediatric offices to each other and to other agencies. Thirty to 40% of children are at risk for mental health problems. Children are identified with a learning disability by parents at age 3; schools do not identify those same children until age 8. Dr. Halfon spoke about the effectiveness and positive results of parents having the skills to appropriately react to and discipline their children and the importance of reading to them. One area for early intervention is building a platform at birth hospitals, using Hope Street as a model. Pediatric offices need more connectivity to other child services. Very few practices are doing psychosocial assessments. There are four innovative programs across the country at present: "Healthy Steps for Young Children" is a redesign of the pediatric office, and features enhanced home visits and parenting groups, and can be paid for with Medicaid funds; "Child Serve" coordinates and case manages services for children; "Promoting Healthy Development" is a survey given to parents to assess quality improvement – this is used currently in several other states, including Washington and Maine; "NICHQ" (National Institute of Child Health Quality) gives pediatricians new tools to reengineer their practices. Dr. Halfon pointed out that there are many programs that already exist around the country that could be used in California. He suggested that the top policy issues for the Commission should be to encourage the creation of "health development pathways" in communities. There should be more family resource centers like Hope Street. More support for training is needed to create a pipeline for a multi-cultural provider base. Pediatric practices should be re-engineered. Regional child assessment centers should be created. Healthy Families and Medi-Cal should offer prenatal classes. California should have a data system that links birth certificates to first year and third year assessment and to the school readiness assessment to prove that the trajectories are changing. He stressed the need to do a school readiness assessment on all children at age 5. His most important recommendation was to

build centers of excellence for training pediatricians at different California Universities and in pediatric residency programs.

**Public Comment:**

- Focus on patient-centered, not provider-centered – David Quackenbush, California Hispanic Health Care Association.
- A comprehensive health care needs assessment has to be done on the whole family. – Jaime Bergen, Chicano Youth Center
- Asthma coordinators make a huge difference in the lives of the children served in Alameda County. We need continued funding to work at its fullest capacity. - Paul Cummings, Asthma Start Program
- Several other individuals commented on the effectiveness of the Asthma Start Program.
- Do not lose sight of the Rural Children. Adaline Bridges, Americorp.
- Consider building on the program “Reach Out and Read;” it is grass roots and very inexpensive. - Suzanne Flint, California Reach Out and Read.
- Support for Health Linkages program – Marsha Sherman

**Item 11 – Adjournment**

Commission Lacey motioned to adjourn at 1:05. Motion approved.

Next Commission Meeting will be held on January 17, 2002.